



Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, Virginia 23219

<http://www.dmas.state.va.us>

# MEDICAID MEMO

TO: All Providers of Services for Individuals in the Intellectual Disability, Individual and Family Developmental Disabilities Support (DD) and Day Support Waivers in the Virginia Medical Assistance Program

FROM: Cynthia B. Jones, Director  
Department of Medical Assistance Services (DMAS)

MEMO: Special  
DATE: 6/28/2016

SUBJECT: Behavioral and Medical Nursing Support Service Changes for Developmental Disability Waivers – Effective August 1, 2016

The redesigned waivers are discussed in detail in the Medicaid Memo dated May 24, 2016 that outlined the scope of the changes that have been authorized and funded by the General Assembly and have been submitted to the **Centers for Medicare and Medicaid Services (CMS)** for approval. These changes will be implemented beginning August 1, 2016. Stakeholders will be notified if CMS approves a date beyond August 1, 2016. There are separate memos for changes to residential and day services.

This memo covers **Medical Nursing and Behavioral Support services** in the Medicaid 1915(c) Home and Community Based Services (HCBS) waivers that serve individuals in Virginia who have a developmental disability (DD), inclusive of intellectual disability. Changes to Crisis Support services will be discussed in a subsequent memo.

## Medical Nursing and Behavioral Support Services:

MEDICAL AND BEHAVIORAL SUPPORT SERVICES	Building Independence Waiver	Family and Individual Support Waiver	Community Living Waiver
Skilled Nursing		X	X
Private Duty Nursing		X	X
Therapeutic Consultation		X	X
Electronic-Based Home Supports	X	X	X

**Medical and Behavioral Support Service Definitions:**

**Skilled Nursing** is an existing service that will not change as part of the waiver redesign; however individuals receiving this service may be assessed to determine whether private duty nursing is now the appropriate service.

**Private Duty Nursing** is a new service that is designed to provide individual and continuous medically necessary care as certified by a physician, physician assistant or nurse practitioner to individuals with a serious medical condition and/or complex health care need. It allows individuals to remain at home to receive care instead of in a nursing facility, hospital or ICF-IID. This service is provided to an individual at his place of residence or other community setting.

**Therapeutic Consultation** is an existing service that provides support to the individual and his support team through expertise, training and technical assistance. This service has been updated to create three distinct therapeutic service rates according to the provider delivering the service.

**Electronic-Based Home Supports** is a new service designed to give individuals support to gain more independence and freedom at home by using electronic equipment. Electronic devices can be purchased and installed in the individual's home to help monitor and support greater autonomy. To qualify for reimbursement, purchases must substitute for other Medicaid services, promote integration into the community and increase the individual's safety in the home. Providers that bill and receive payment for this service are responsible for providing emergency assistance 24 hours a day and 365 or 366 days a year as well as furnishing, installing, maintaining, testing and providing user training of the services. Members receiving per diem residential services will not qualify to receive this service.

**Procedure Codes, Units, Rates and Other Billing Information:**

Private Duty Nursing rates increased by 11.5% from FY16 levels and Skilled Nursing rates increased by 25%. **The Skilled Nursing service is unchanged however billing codes will change to S9123/S9124. The current billing codes for Skilled Nursing (T1002/T1003) will now be used for Private Duty Nursing.** Please note that both Skilled and Private Duty Nursing are billed in 15 minute increments.

Therapeutic Consultation will be delineated into three separate rates determined by the provider qualifications and services and supports delivered to the individual. Each new service also has a separate rate associated with the service provider.

The reimbursement for Electronic-Based Home Supports will be based on approved cost as part of a provider proposal. Reimbursement for assistive technology, including Electronic-Based Home Supports, is subject to a \$5,000 annual limit.

The table below indicates required licensing for eligible providers participating in the waiver services.

**Medical and Behavioral Support Options**

<b>Required Licensing and Eligible Providers</b>	
	Required License
Skilled Nursing (RN/LPN)	Licensed RN/LPN with Home Health or employed by a DBHDS-licensed day support, respite or residential provider
Private Duty Nursing (RN/LPN)	Licensed RN/LPN with Home Health or employed by a DBHDS-licensed day support, respite or residential provider
Therapeutic Consultation	<p>1. Psychology Consultation may be provided by an individual who is: a psychiatrist who is licensed by the Commonwealth of Virginia; a psychologist who is licensed by the Commonwealth of Virginia; a Licensed Professional Counselor (LPC) who is licensed by the Commonwealth of Virginia; a Licensed Clinical Social Worker (LCSW) who is licensed by the Commonwealth of Virginia; or a Psychiatric Clinical Nurse Specialist who is licensed by the Commonwealth of Virginia.</p> <p>2. Behavior Consultation may be provided by an individual who: meets the above criteria to provide a psychology consultation; or is a Positive Behavioral Supports Facilitator endorsed by the Partnership for People with Disabilities at Virginia Commonwealth University or other recognized PBS training organization; or is a board-certified Behavior Analyst (BCBA) or board-certified Associate Behavior Analyst (BCABA).</p> <p>3. Speech Consultation may be provided by a speech-language pathologist who is licensed by the Commonwealth of Virginia.</p> <p>4. Occupational Therapy Consultation can be provided by a physical therapist who is certified by the Commonwealth of Virginia.</p> <p>5. Physical Therapy Consultation can be provided by a physical therapist who is licensed by the Commonwealth of Virginia.</p> <p>6. Therapeutic Recreation Consultation can be provided by a therapeutic recreational specialist who is certified by the National Council for Therapeutic Recreation Certification.</p> <p>7. Rehabilitation Consultation can be provided by a certified rehabilitation engineer or certified rehabilitation engineer or certified rehabilitation specialist.</p>

Please see the tables below for detailed rates.

**Medical and Behavioral Support Options**

Service	Proc. Code	Area	Rate as of 8/1/16	Unit
Skilled Nursing, RN	S9123	ROS	9.29	15 minutes
		NOVA	11.28	
Skilled Nursing, LPN	S9124	ROS	\$8.05	15 minutes
		NOVA	\$9.78	
Private Duty Nursing, RN	T1002	ROS	\$7.59	15 minutes
		NOVA	\$9.22	
Private Duty Nursing, LPN	T1003	ROS	\$6.59	15 minutes
		NOVA	\$7.99	
Therapeutic Consultation, Therapists/ Behavior Analysts/Rehab. Engineers	97139	ROS	\$87.75	Hour
		NOVA	\$92.85	
Therapeutic Consultation, Psychologist/ Psychiatrist	H2017	ROS	\$72.75	Hour
		NOVA	\$83.71	
Therapeutic Consultation, Other Professionals	97530	ROS	\$63.12	Hour
		NOVA	\$70.69	
Electronic-Based Home Supports	A9279	ROS	Individual Consideration	N/A
		NOVA	Individual Consideration	

**ADDITIONAL INFORMATION ON THE MEDICAID WAIVER REDESIGN:**

Virginia's Home and Community Based Services (HCBS) Developmental Disabilities Waivers are being redesigned to better assure that people with disabilities have the supports needed to design and achieve lives of quality and meaning in their communities. Updates on the waiver redesign can be found on the DBHDS website under *My Life, My Community* by going to: [www.dbhds.virginia.gov](http://www.dbhds.virginia.gov). For questions, call toll-free 1-844-603-9248 (1-844-603-WAIV).

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### **COMMONWEALTH COORDINATED CARE**

Commonwealth Coordinated Care (CCC) is a managed care program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at [http://www.dmas.virginia.gov/Content\\_pgs/altc-home.aspx](http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx) to learn more.

### **MANAGED CARE PROGRAMS**

Many Medicaid individuals are enrolled in one of the Department's managed care programs (Medallion 3.0, CCC and PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

- Medallion 3.0: [http://www.dmas.virginia.gov/Content\\_pgs/mc-home.aspx](http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx)
- Commonwealth Coordinated Care (CCC):  
[http://www.dmas.virginia.gov/Content\\_pgs/mmfa-isp.aspx](http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx)
- Program of All-Inclusive Care for the Elderly (PACE):  
[http://www.dmas.virginia.gov/Content\\_atchs/lrc/PACE%20Sites%20in%20VA.pdf](http://www.dmas.virginia.gov/Content_atchs/lrc/PACE%20Sites%20in%20VA.pdf)

### **VIRGINIA MEDICAID WEB PORTAL**

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov). If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

### **KEPRO PROVIDER PORTAL**

Providers may access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

### **"HELPLINE"**

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

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Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.